

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/590827

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7		6				
8		6				
9		6				
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40						
41						
42						
43						
44						
45						
46						
47						
48		①				
49		①				
50		①				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		①				
52		①				
53		①				
54		①				
55		①				
56		①				
57		①				
58		①				
59		①				
60		①				
61		①				
62		①				
63		①				
64		①				
65		①				
66		①				
67		①				
68		①				
69		①				
70		①				
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97						
98						
99						
100						
TOTAL IND.	8	↓		↓		↓
TOTAL DEP.	83	←		←		←
TOTAL CLAIMS	91					